

<b>UNITED STATES BANKRUPTCY COURT</b> <b>Middle District of Tennessee</b>		<b>INVOLUNTARY PETITION</b>	
IN RE (Name of Debtor – If Individual: Last, First, Middle)  Leipzig Living Trust, dated April 15, 2008		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): ***-**-5394			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  Last address provided: c/o Kirk Leipzig 6261 Hillsboro Road Nashville, TN 37215  COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Davidson County, TN  <div style="text-align: right;">ZIP CODE 37215</div>		MAILING ADDRESS OF DEBTOR (If different from street address)  c/o Kirk Leipzig 1 Burton Hills Blvd., Suite 120 Nashville, TN 37215  <div style="text-align: right;">ZIP CODE 37215</div>	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Chapter 7           <input checked="" type="checkbox"/> Chapter 11         </div>			
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>			
<b>Nature of Debts</b> (Check <b>one</b> box.)  Petitioners believe:  <input checked="" type="checkbox"/> Debts are primarily consumer debts <input type="checkbox"/> Debts are primarily business debts	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Type of Debtor</b>            (Form of Organization)   <input type="checkbox"/> Individual (Includes Joint Debtor)  <input type="checkbox"/> Corporation (Includes LLC and LLP)  <input type="checkbox"/> Partnership  <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities,            check this box and state type of entity below.)             Tennessee Trust         </div> <div style="width: 48%;"> <b>Nature of Business</b>            (Check <b>one</b> box.)   <input type="checkbox"/> Health Care Business  <input type="checkbox"/> Single Asset Real Estate as defined in            11 U.S.C. § 101(51)(B)  <input type="checkbox"/> Railroad  <input type="checkbox"/> Stockbroker  <input type="checkbox"/> Commodity Broker  <input type="checkbox"/> Clearing Bank  <input checked="" type="checkbox"/> Other Residential real estate         </div> </div>		
<b>VENUE</b>  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	<b>FILING FEE</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the          petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of          1994, no fee is required.]</i>		
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR</b> (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
<b>ALLEGATIONS</b> (Check applicable boxes)  1. <input type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY	

Name of Debtor Leipzig Living Trust, dated April 15, 2001

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X /s/ Scott D. Johannessen, Managing Officer

Signature of Petitioner or Representative (State title)

Anarion Investments LLC

02/10/2014

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

c/o Law Office of Scott D. Johannessen  
3200 West End Avenue, Suite 500  
Nashville TN 37203

Managing Officer for  
Anarion Investments LLC

X Scott D. Johannessen

02/10/2014

Signature of Attorney

Date

Law Offices of Scott D. Johannessen

Name of Attorney Firm (If any)

3200 West End Avenue, Suite 500, Nashville TN 37203

Address

(877) 863-5400

Telephone No.

X \_\_\_\_\_

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

X \_\_\_\_\_

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

X \_\_\_\_\_

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

X \_\_\_\_\_

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner

Anarion Investments LLC, 3200 West End Avenue, Suite 500, Nashville TN 37203

Nature of Claim

purchase option, fees and costs

Amount of Claim

in excess of \$50,000

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

in excess of \$50,000

\_\_\_\_\_ continuation sheets attached